

Health, Welfare, Public Service

FILED MAR 20 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009275  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City, Mo.</b>		c. CITY OR TOWN <b>Jefferson City, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1005 W High</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>OTTO</b> Middle <b>FRANK</b> Last <b>FRANKE</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>12</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 14, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tile Setter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Raymond Franke</b>	13b. MOTHER'S MAIDEN NAME <b>Magdalena Rotter</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Pirner</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-09-7976</b>	17. INFORMANT <b>Mrs Rose Franke</b>	Address <b>Jefferson City</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Lung disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Silicosis</b>	<b>2-3 years</b>
	DUE TO (c) <b>Pneumonia bronchial</b>	<b>1 wk.</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Myocardial damage</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>/</b>
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20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Jefferson City, Mo.</b>	COUNTY <b></b> STATE <b></b>
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21. I attended the deceased from 2/25/58 to 3/12/58 and last saw <sup>her</sup>him alive on 3/12/58  
Death occurred at 7:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>J Kanagawa MD</b>	22b. ADDRESS <b>510 E High St</b>	22c. DATE SIGNED <b>3/14/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/15/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>
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24. FUNERAL DIRECTOR <b>Josephine Decker</b>	ADDRESS <b>J C Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>17 March 1958</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Dorris, MD MR.</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Sylvester Dulle* .....

Licensed Embalmer No. *4321*  
P. O. Address *Jefferson City* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.